

## DEPARTMENT OF THE NAVY BUREAU OF NAVAL PERSONNEL 5720 INTEGRITY DRIVE MILLINGTON TN 38055-0000

5720 PERS 00J6/20180648 October 30, 2018

Mr. Nomaan Merchant The Associated Press 4747 Southwest Freeway 1<sup>st</sup> Floor Houston, TX 77027

Dear Mr. Merchant:

SUBJECT: YOUR FREEDOM OF INFORMATION ACT (FOIA) REQUEST

This is in response to your Freedom of Information Act (FOIA) request of September 18, 2018. You seek a copy of archived emails sent to or from Juan David Ortiz, DD Form 214 documentation pertaining to Juan David Ortiz, Standard Form 86 documentation pertaining to Juan David Ortiz, Officer Data Card (ODC) documentation pertaining to Juan David Ortiz, Performance Summary Record (PSR) documentation pertaining to Juan David Ortiz, the Navy's Official Military Personnel File (OMPF) pertaining to Juan David Ortiz, and a copy of all requests for personnel records or other information pertaining to Juan David Ortiz made by agents of the U.S. Customs and Border Protection, including the U.S. Border Patrol. Your request was received in this office on September 18, 2018. Your request has been assigned FOIA tracking number DON-NAVY-2018-011595 and correspondence file number CNPC20180648 by this activity.

A releasable copy of available responsive documentation is enclosed. The provided OMPF contains the sought DD Form 214 and Standard Form 86 documentation as well as other OMPF documentation. The redacted portions of the released documentation are exempt from disclosure under FOIA exemption 6 [5 U.S.C. § 552(b)(6)]. Release of such information would be a clearly unwarranted invasion of the personal privacy of Juan David Ortiz and other identified individuals.

Emails during the time Mr. Ortiz served were maintained for a period of no more than three years. There are no responsive emails available as Mr. Ortiz was discharged from the Navy in 2009. An Officer Data Card (ODC) would not have existed as Mr. Ortiz was not a Naval Officer. The Performance Summary Record (PSR) is no longer available as the PSR is only maintained for a period of three years after a Sailor's discharge from the Navy.

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We can neither confirm nor deny the existence of a request by U.S. Customs and Border Protection or the U.S. Border Patrol for the personnel record pertaining to Mr. Ortiz. Such a request, if in existence, would be exempt from disclosure under FOIA exemption 7a [5 U.S.C. § 552(b)(7)(a)] in consideration of any on-going law enforcement investigations.

Because your request is partially denied by this command, you are advised of your right to appeal this determination in writing to the Office of the Judge Advocate General, OJAG Code 14, 1322 Patterson Avenue SE Suite 3000, Washington Navy Yard, DC 20374-5066.

If an appeal is deemed necessary, it must be received in that office within 90 calendar days from the date of this letter, in order to be considered. To expedite an appeal, you should enclose a copy of this letter and a copy of the original request along with a statement regarding why your appeal should be granted. The letter of appeal and the envelope should bear the notation, "FOIA/PA APPEAL."

I am the official responsible for the partial denial of your request. Should you wish to discuss the processing of your request, you may contact the undersigned at (901) 874-3165. You may also contact the DON FOIA Public Liaison, Christopher Julka, at <a href="mailto:Christopher.a.julka@navy.mil">Christopher.a.julka@navy.mil</a> or (703) 697-0031.

You may contact the Office of Government Information Services (OGIS) as they provide a voluntary mediation process for resolving disputes between persons making FOIA requests and the Department of the Navy (DON). For more information, please go to:

https://www.archives.gov/ogis/about-ogis/contact-information.

Sincerely

D. P. GERMAN FOIA/PA Officer By direction

DENTIFICATION FORFOSES	SAFEGUARE			<del></del>	KENDEK	FORM VOID
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25. DATES OF TIME LOST DURING THIS PERIO	D (YYYYMMDD)			30. MEMBE (Initials)	(6)	TS COPY 4

# ENLISTMENT / REENLISTMENT DOCUMENT ARMED FORCES OF THE UNITED STATES

	ARMED	FORCES OF THE	UNITED STATES		4	
AUTHORITY:	through 1087, 1168, 1169,	<b>Privacy Act States</b> 14 USC 708 and 3101; 10 USC 1476 through 1480, 1553, 210 or 9397, November 1943 (SSN).		91, 872(d), 878 3, 8496, and 9	, 837, 1007, 4 411; 14 USC 3	1071 351
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ROUTINE USES:	This form becomes a part of relevant Service.	the Service's Enlisted Master Fil	and Field Personnel File. All uses	of the form are	internal to the	ı
DISCLOSURE:	Voluntary; however, failure to	o furnish personal identification i	nformation may negate the enflutin	ent / reenlistme	nt application.	
	A. ENLIST	EE / REENLISTEE IDEN	TIFICATION DATA	1)		_
1. NAME (Last, First, MR			2. <b>30</b> C/ <sub>2</sub> (b)(6)	Ē∮ <b></b>	·	
ORTIZ JUAN DAVID						
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000919		(b)(6)	at Total Active Military Servic	•		
•		B. AGREEMENT	IS			•
8. I am enlisting	g / reenlisting in the Uni	ited States (list branch of se	wvice) NAVAL RESERVE			<u> </u>
		this date for 8			years	
enlistment/ reenli	weeks begii istment are in Section C	nning in pay grade I	E-1 . The	additional	details of	my
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toward fulfillmen	t of my military service	e obligation or commitm	nent. I must maintain my	current qu	alifications	and
	r informed of any char	iges in my physical or o	dependency status, moral	qualification	ns, and ma	iling
address.						
b. Remarks: 🏨	none, so state.) NO	NF				
c. The agreeme	nts in this section and	attached annex(es) are	all the promises made to	o me by th	e Governm	ent.
			D WILL NOT BE HONORE			
nitials of Enlistee / R	leenlistee) <u>JDO -</u>			(Continued	on reverse s	ide.)



#### C. PARTIAL STATEMENT OF EXISTING UNITED STATES LAWS

- 9. FOR ALL ENLISTEES OR REENLISTEES: Many laws, regulations, and military customs will govern my conduct and require me to do things a civilian does not have to do. The following statements are not promises or guarantees of any kind. They explain some of the present laws affecting the Armed Forces which I cannot change but which Congress can change at any time.
- a. My enlistment is more than an employment agreement. As a member of the Armed Forces of the United States, I will be:
- (1) Required to obey all lawful orders and perform all assigned duties.
- (2) Subject to separation during or at the end of my enlistment. If my behavior fails to meet acceptable military standards, I may be discharged and given a certificate for less than honorable service, which may hurt my future job opportunities and my claim for veteran's benefits.
- (3) Subject to the military justice system, which means, among other things, that I may be tried by military courts-martial.
- (4) Required upon order to serve in combat or other hazardous situations.
- (5) Entitled to receive pay, allowances, and other benefits as provided by law and regulation.
- b. Laws and regulations that govern military personnel may change without notice to me. Such changes may affect my status, pay, allowances, benefits, and responsibilities as a member of the Armed Forces REGARDLESS of the provisions of this enlistment / reenlistment document.
- c. In the event of war, my enlistment in the Armed Forces continues until six (6) months after the war ends, unless my enlistment is ended sooner by the President of the United States.
- 10. MILITARY SERVICE OBLIGATION FOR ALL MEMBERS OF THE ACTIVE AND RESERVE COMPONENTS, INCLUDING THE NATIONAL GUARD.
- a. FOR ALL ENLISTEES: If this is my initial enlistment, I must serve a total of eight (8) years. Any part of that service not served on active duty must be served in a Reserve Component unless I am sooner discharged.
- b. If I am a member of a Reserve Component of an Armed Force at the beginning of a period of war or national emergency declared by Congress, or if I become a member during that period, my military service may be extended without my consent until six (6) months after the end of that period of war.
- war or national emergency declared by Congress, I may be required to serve on active duty (other than for training) for the entire period of the war or emergency and for six (6) months after its end.

- d. As a member of the Ready Reserve may be required to perform active duty or active duty for training without my consent (other than as provided in item 8 of this document) as follows:
- (1) In time of national emergency declared by the President of the United States I may be ordered to active duty (other than for training) for not more than 24 consecutive months.
- (2) I may be ordered to active duty for 24 months, and my enlistment may be extended so I can complete 24 months of active duty, if:
- (a) I am not assigned to, or participating satisfactorily in, a unit of the Ready Reserve; and
  - (b) have not met my Reserve obligation; and
- (c) I have not served on active duty for a total of 24 months.
- (3) I may be ordered to perform additional active duty training for not more than 45 days if I have not fulfilled my military service obligation and fail in any year to perform the required training duty satisfactorily. If the failure occurs during the last year of my required membership in the Ready Reserve, my enlistment may be extended until I perform that additional duty, but not for more than six months.
- (4) When determined by the President that it is necessary to support any operational mission, I may be ordered to active duty for not more than 90 days if I am a member of the Selected Reserve.
- 11. FOR ENLISTEES/REENLISTEES IN THE NAVY, MARINE CORPS, OR COAST GUARD: I understand that if I am serving on a naval vessel in foreign waters, and my enlistment expires, I will be returned to the United States for discharge as soon as possible consistent with my desires. However, if essential to the public interest, I understand that I may be retained on active duty until the vessel returns to the United States. If I am retained under these circumstances, I understand I will be discharged not later than 30 days after my return to the United States; and, that except in time of war, I will be entitled to an increase in basic pay of 25 percent from the date my enlistment expires to the date of my discharge.
- 12. FOR ALL MALE APPLICANTS: Completion of this form constitutes registration with the Selective Service System in accordance with the Military Selective Service Act. Incident thereto the Department of Defense may transmit my name, permanent address, military address, Social Security Number, and birthdate to the Selective Service System for recording as evidence of the registration.

NAME OF ENLISTEE / REENLISTEE (Last	, First, h		IAL SECURITY NO OF ENLISTEE / REENLISTEE
ORTIZ JUAN DAVID			(b)(6)
	D. CERTIFICATI	ION AND ACCEPTANC	E
Government or I may be tried	stment is based on the in or incorrect, this enlist by a Federal, civilian, or r	formation I have giver ment may be voided nilitary court and, if fo	in my application for enlistment. If any is or terminated administratively by the bund guilty, may be punished.  TIONS I HAD WERE EXPLAINED TO MY
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(b)(6)			000919
a. On behalf of the United S			em 13b to this document. I certify that I
have explained that only the and any other promises made	ose agreements in Section	B of this formand in	the attached Annexies) will be honored.
h. NAME (Last, First, Middle)	o. PAY GR	The state of the s	d. UNIT / COMMAND NAME
(b)(6)	E-5		U.S. NAVY
a. s <sub>I</sub> (b)(6)	f. DATE S	IGNED (YYMMOO)	g. UNIT / COMMAND ADDRESS (City, State, ZIP Code)
	0000		SAN ANTONIO
		119	TX 78233
	E. CONFIRMATION OF E		
15. IN THE ARMED FORCES I	EXCEPT THE NATIONAL (	* Company of the Comp	
I, JUAN DAVID ORTIZ	a United States and All	do solemni	y swear (or affirm) that I will support and
allegiance to the same: and	that I will obey the order	enemies, roreign and	domestic; that I will bear true faith and the United States and the orders of the
			Military Justice. So help me God.
	· A Atan		
16. IN THE NATIONAL GUAR	D (ARMY OR AIR):		
and defend the Constitution of	of the United Ctates and the	, do solem	nly swear (or affirm) that I will support
			against ance to the same; and that I will obey
the orders of the President of	the United States and the	B Governor of	miles to the same, and that I will obey
and the orders of the officers			tions. So help me God.
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17. IN THE NATIONAL GUAR I do hereby acknowledge to h		aalistad this	dan at
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Nati	onal Guard of the United	States for a period of	f years, months,
	ne conditions prescribed t	by law, unless soone	r discharged by proper authority.
(b)(6)			b. DATE SIGNED (YYMMDD)
	(b)(6)		000919
19, ENLISTMENT / REENLISTMENT OF			
a. The above oath was admi			
b)(6)	o. PAY GR	AUC	d. UNIT / COMMAND NAME
SIGNATURE (b)(6)		GNED (YYMMDD)	SAN ANTONIO MEPS  g. UNIT / COMMAND ADDRESS (City, State, ZIP Code)
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DD Form 4/2 MAY 88	Previous e	ditions may be used.	(b)(6)

NAME OF ENLISTEE / REENLISTEE (Last, First, Middle)		SOCIAL SECURITY NO OF ENLISTEE / REENLISTEE $(b)(6)$
ORTIZ JUAN DAVIĐ		
F. DISCHARGE FRO	M DELAYED ENTRY / ENLIST	TMENT PROGRAM
20a. I request to be discharged from the De	layed Entry / Enlistment Program	n (DEP) and enlisted in the Regular
Component of the United States (list bran	ch of service) NAVY	for a period of
4 years and00	weeks. No changes hav	e been made to my enlistment options OR
if changes were made they are recorded on a	Annex(es) NA	
· · · · · · · · · · · · · · · · · · ·	ce(s) Annex(es) NA	
(b)(6)	AM ENLISTEE	c. DATE SIGNED (YYMMDD)
5	ACCEPTANCE BY SERVICE	REPRÉSENTATIVE
21. SERVICE REPRESENTATIVE CERTIFICATION		
a. This enlistee is discharged from the Res	erve Component shown in item	8 and is accepted for enlistment in the
Regular Component of the United States (lis	t branch of service) NAVY	in pay grade E-1
b. NAME (Last, First, Middle) (b)(6)	c. PAY GRADE	d. UNIT / COMMAND
b)(6)	E-5	U.S. NAVY
	f. DATE SIGNED (YYMMOD)	g. UNIT / COMMAND ADDRESS (City, State, ZIP Code)
	010705	SAN ANTONIO TX 78233
H. CONFIRMAT	ION OF ENLISTMENT OR RE	ENLISTMENT
22a. IN A REGULAR COMPONENT OF THE	EARMED FORCES:	
I, JUAN DAVID ORTIZ	do sole	make according of the state of the
<u> </u>		mnly swear (or affirm) that I will support
and defend the Constitution of the United St		
and allegiance to the same; and that I will of		
officers appointed over me, according to regu	lations and the Uniform Code o	f Military Justice. So help me God.
h SIGNATURE OF ENLISTEE APPENDICE		
b)(6)		c. DATE SIGNED (YYMMDD)
		·
STEIN		010705
<ol> <li>ENLISTMENT OFFICER CERTIFICATION</li> <li>The above oath was administered, subscr</li> </ol>	ibed, and duly sworn to (or affi	rmed) before me this date
b. NAME (Last, First, Middle)	c. PAY GRADE	d. UNIT / COMMAND NAME
(b)(6)	0-4	SAN ANTONIO MEPS
e. Sign(b)(6)	f. DATE SIGNED (YYMMDD)	g. UNIT / COMMAND ADDRESS (City, State, ZIP Code)
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ORTIZ,	JUAN DAVID	. •		_	30. SOCIAL SEC (b)(6)	URITY NUMBER
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effect applicant'	s enlistment have be	en secured and a	ing such enlistments I e attached to this doc	ny promises or guarantees nave been strictly complie	d with and any wai	vers required to
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ii iogai policy requiren	Tents for enkstm	ient. I accept him/hei	r for enlistment on behalf:	of the United S	lates (Enter Br	anch of Service)	1	
NA	VY	and certify the	at I have not made any pro	mises or culing	intees other the	n those listed in	n itam 32 s	
nove. I turther certify	mat service reg	ulations governing su	ich enlistments have beer	strictly compil	ed with and any	waivers require	ed to	
nect applicant's enlistr	ment have been	secured and are atta	sched to this document.					
. TYPED OR PRINTE	D NAME (Last,		d. RECRUITER I.D. OF	. SIGNATU	RE		f. DATE S	GNED
Middle Initial)		GRADE	ORGANIZATION	l h			(YYMMD	
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I. RECERTIFICATIO	N BY APPLICA	NT AND CORRECTI	ION OF DATA AT THE T	ME OF ACTIV	F DIITY ENTE	<del></del>	.L	
I have reviewed all if	nformation conta	pined in this documer	nt this date. That informal	ion is still come	of and true to ti	he heet of multi-		
nd belief. If changes v	vere required, th	ne original entry has t	been marked See Item 34	and the corre	ct information i	s provided helo	iowieage	
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APPLICANT ) SIGNATURE		(2) DATE SIGNED	. WITNESS	D NAME(Last,		(3) SIGNATUR	RE	
		(2) DATE SIGNED (YYMMDD)	e, WITNESS	D NAME(Last,	(2) RANK/ GRADE	(3) SIGNATUR	RE	
		(2) DATE SIGNED (YYMMDD)	e. WITNESS (1) TYPED OR PRINTE: First, Middle Initial)			(3) SIGNATUR	RE	
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35. NAME (Last, First, Middle Initial) ORTIZ, JUAN DAVID		36. SOCIAL SECULE (b)(6)	A
USE THIS DD FROM 1966 PAGE ONLY I	FEITHER SECTION API	PLIES TO THE APPLICANT'S RECORD OF MILIT	
		DIAN CONSENT FOR ENLISTMENT	ATTENDED
37. PARENT/GUARDIAN STATEMENT(S) (Line ou	t portions not applicable)		
a. I/we certify that (Enter name of applicant)  ORTIZ, JUAN DAVID  has no other legal guardian other than me / consent to his / her enlistment in the United (Enter Branch of Service)  I / we certify that no promises of any kind me / us concerning assignment to duty, to during his her enlistment as an inducement consent. I / we hereby authorize representatives concerned to perform m other examinations required, and to condu- determine his / her eligibility. I/we relinquist	us and I / we i States NAVY have been made to raining, or promotion i to me/us to sign this the Armed Forces edical examinations, act records checks to	b. FOR ENLISTMENT IN A RESERVE CO.  I/we understand that, as a member of he/she must serve minimum periods of unless excused by competent authorities to fulfill the obligations of his/her may recalled to active duty, as prescription understand that while he/she is in the may be ordered to extended active national emergency declared by the Cor when otherwise authorized by law.	of a reserve component, if active duty for training ty. In the event he/she eserve enlistment, he/she bed by law. I/we further e ready reserve, he/she duty in time of war or
service and to any wage of compensation for the service and to any wage of compensation for the service and to any wage of compensation for the service and to any wage of compensation for the service and to any wage of compensation for the service and to any wage of compensation for the service and to any wage of compensation for the service and to any wage of compensation for the service and to any wage of compensation for the service and to any wage of compensation for the service and to any wage of compensation for the service and to any wage of compensation for the service and th			(3) DATE SIGNED  (YYMMDD)
1) TYPED OR PRINTED NAME (Last, First, Middle (b)(6)	(b)(6)		(3) DATE SIGNED (YYMMDD)
TYPED OR PRINTED NAME (Last, First, Middle	(nitial)	d d	(3) DATE SIGNED (YYMMDD)
WITNESS  1) TYPED OR PRINTED NAME (Last, First, Middle)	Initial) (2) 8(G)	IATURE	(3) DATE SIGNED (YYMMDD)
R VERIFICATION OF SINGLE SIGNATURE CON			
<ol> <li>NAME CHANGE. If the preferred enlistment r not been changed by legal procedure prescri complete the following:</li> </ol>	name (name given in ite	is the same as on your social security number	card,
A. NAME AS SHOWN ON BIRTH CERTIFICATE		b. NAME AS SHOWN ON SOCIAL SECURITY	
	- •	by which I am known in the community as a person as the person whose name is shown in It	matter of
d. APPLICANT	(2) DATE SIGNED (YYMMDD)	WITNESS     Typed or printed name	(2) PAY GRADE
		(3) SIGNATURE	

#### **ENLISTMENT GUARANTEES**

ENI	LISTMENT GU	JARANTEES	A
ORTIZ, JUAN DAVID		(b)(6)	
NAME (LAST, FIRST, MIDDLE, JR. ETC.)			SSN
1 ACKNOWI EDGEMENT. In account	*.*		A SHOP TO SHAPE TO SH
1. ACKNOWLEDGEMENT: In connection w			ereby acknowledge that:
a. I am enlisting into the U.S. Navy for	an active duty	period of 4 years and	at the same time, I agree
to extend my enlistment for 12 months to meet I am enlisting with the following guarantees and	et the obligation	s of the FIVE YEAR OBLIGAT	ION program.
•			<u></u>
(1) Upon enlistment, I will be enlisted un	der the provisio	ns of Commander, Navy Recruiting	og Command Instruction
1130.8 series, option or options as indicated belo	W:		-8
Option (1) HM SCHOOL GUARANTEE			
Option (2) NAVY COLLEGE FUND			
Phon (2) NAVI COLLEGE FUND			
ption (3) NA			
ption (4) NA			
. I understand that I must be fully qualified at a	all times throug	hout my obligated service for all	security professional
			) and that my eligibility
ill be rechecked during recruit training and period	dically through	out my enlistment.	, and the my origiomity .
The Never will excell me to the suit to			
3. The Navy will enroll me in the training specified no longer eligible for the options listed in Le (1)	d above. If duri	ing the periodic reviews of my elig	ribility, and I am found
pecause of a physical or psychological disqualificator conduct, I may only choose one of the following	HIDT OF DAYSHIES	of some reason that is not due to	my fault, negligence,
to the following	g options:	•	
a. Reassignment to an "A" school for wh	ich I am qualifi	ed and a vacancy exists for	
b. Navy apprentice training for which I a	un qualified and	a vacancy exists.	,
any event, the Navy may at its option, choose to			
•			
. If I am not enrolled in the training guarantee speudt, neeligence or conduct or if them disconnected	ecified in section	11 (1) above because of some m	seens that is due to
ult, negligence or conduct or if I am disenrolled fi	rom it for any o	ther reason not specified in paragr	raph 3 then I lose that
uarantee and at the Navy's option remain subject t	to continued na	al service. I also understand:	pu o, men i iose mai
a. If I am retained I may be required to	erre the of		•
- The second of	THE PARTIE I THE	U 187019 eddikiosal assets.	ited advancement,
b. The Navy may, at its option, discharge me	in accordance w	rith law and regulation.	ired by regulation.
I certify that Thave read or have viewed the Clan collisting, and that I have read or have viewed the inderstand the obligations for the Options and the obligations for the Options and the obligations.	ssifier Rating/P	rogram Fact Sheet for the Rating	Program for which I
understand the obligations for the Options and train	ining that I will	Understandings required for Opt	ion(s) (1), (2)
	mme mer i will	(applicant's initials)	
		(b)(6)	
<u>IR 19 s</u>	SEP 00	TITA MATE MANGE	13 2FL 00
OTTIME I DELLE		(Signature of Enlistee)/D	
gger Tiger	Annex	Ato DD Form 4 dated	10 CFD 00
AVCRUIT 1133/52 (Rev. 1094)	· mm/v	PD LOUIT # 03160	19 SEP 00

NAME: JUAN DAVID ORTIZ SSN: (b)(6)	CL: USN
Th. 4	ERVE on 97/95/2001 for 4 years, I do voluntarily agree to
(further) extend my calistment for 12 months (REASON: SCHOOL X	Overes of the second for 4 years, 1 no volumerity agree to
enlistment contract. I acknowledge that the provisions of 10 USC 55	40 mileting to an increase in the increase in
agreement. I understand my new contract expiration date to be 67/64	reasing to an increase in basic pay do not apply to this
understand it. I understand that extensions of enlistment totaling 24 m	souths on contra course a wheel will be me. I
the extension becoming operative. No promises of any kind have been	tronds of greater require a physical examination prior to
g of annual transfer of any annual transfer occur	I made to the except as indicated:
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UIC: 47770 STATUS: ACTIVE X INACTIVE RATE	: HM3
RAIL MACHINE RAIL	cm.
	A
COMBAT ZONE: PEBD: 67/85/2001 TOTAL AGGREGATE M	D8: 12
SHIP OR STATION: NAVY ELEMENT DMRTI DET	
LOCATION OF SHIP OR STATION:	
EXECUTION OF SHIP OR STATION:	
**** SIGNATURE OF MEMBER:	7
FIRT	MIDDLE
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ERST	MIDDLE LAST
	MIDDLE LAST
Witnessed and accepted on behalf of the United States Navy	MIDDLE LAST
	MIDDLE LAST
Witnessed and accepted on behalf of the United States Navy	MIDDLE LAST
Witnessed and accepted on behalf of the United States Navy this 5th day of July, A.D.	MIDDLE LAST
Witnessed and accepted on behalf of the United States Navy this 5th day of July, A.D.	MIDDLE LAST
Witnessed and accepted on behalf of the United States Navy this 5th day of July, A.D.  *****SECNATURE AND GRADE:(b)(6)	MIDDLE LAST
Witnessed and accepted on behalf of the United States Navy this 5th day of July, A.D.	MIDDLE LAST
Witnessed and accepted on behalf of the United States Navy this 5th day of July, A.D.  *****SECNATURE AND GRADE:(b)(6)	MIDDLE LAST
Witnessed and accepted on behalf of the United States Navy this 5th day of July, A.D.  **********************************	
Witnessed and accepted on behalf of the United States Navy this 5th day of July, A.D.  **********************************	
Witnessed and accepted on behalf of the United States Navy this 5th day of July, A.D.  ******SACNATURE AND GRADE:(b)(6)  Certifying Officer Name and Rank	
Witnessed and accepted on behalf of the United States Navy this 5th day of July, A.D.  Certifying Officer Name and Rank  Extended of Ealistment Operative/Cancelled  The extension identified hereon for 12 months (REASON: SCHOOL X	
Witnessed and accepted on behalf of the United States Navy this 5th day of July, A.D.  **********************************	
Witnessed and accepted on behalf of the United States Navy this 5th day of July, A.D.  Certifying Officer Name and Rank  Extended of Falliancest Operative/Cancelled  The extension identified hereon for 12 months (REASON: SCHOOL X effective 7/5/2008.  AUTHORITY:  (b)(6) (b)(6)	
Witnessed and accepted on behalf of the United States Navy this 5th day of July, A.D.  Certifying Officer Name and Rank  Extended of Enlistment Operative/Cancelled  The extension identified become for 12 months (REASON: SCHOOL X effective 7/5/1995.	
Witnessed and accepted on behalf of the United States Navy this 5th day of July, A.D.  **********************************	
Witnessed and accepted on behalf of the United States Navy this 5th day of July, A.D.  Certifying Officer Name and Rank  Certifying Officer Name and Rank  Extended of Entitle at Operative Cancelled  The extension identified bereon for 12 months (REASON: SCHOOL X effective 7/5/1805.  AUTHORITY:  LEG. SELLERACK: (b)(6) (b)(6)	
Witnessed and accepted on behalf of the United States Navy this 5th day of July, A.D.  **********************************	
Witnessed and accepted on behalf of the United States Navy this 5th day of July, A.D.  **********************************	

NAME: JUAN DAVID ORTIZ  SSN: (b)(6)  BR/CL: USN  Having enlisted in the X UNITED STATES NAVY NAVAL RESERVE on 07/05/2001 for 4 years, I do voluntarily agree to (further) extend my enlistment for 10 months (REASON: SCHOOL OTHER X ) subject to the provisions and obligations of my enlistment contract. I acknowledge that the provisions of 10 USC 5540 relating to an increase in basic pay do not apply to this agreement. I understand my new contract expiration date to be 05/04/2007. This agreement has been fully explained to me, I understand it. I understand that extensions of enlistment totaling 24 months or greater require a physical examination prior to the extension becoming operative. No promises of any kind have been made to me except as indicated:
UIC: 47770 STATUS: ACTIVE X INACTIVE RATE; HM2
COMBAT ZONE: PEBD: 07/05/2001 TOTAL AGGREGATE MOS: 22
SHIP OR STATION: NAVY ELEMENT DMRTI DET
LOCATION OF SHIP OR STATION:
**** SIGNATURE OF MEMBER:  FIRST  MIDDLE  LAST
RIEST MIDDLE LAST
Witnessed and accepted on behalf of the United States Navy
this 5th day of July, A.D.
****SIGNATURE (b)(6) AND GRADE:
Certifying Officer Name and Rank
Extension of Enlistment Operative/Cancelled
The extension identified hereon for 10 months (REASON: SCHOOL OTHER X ) is Operative (X) Cancelled ()
effective 7/5/2006.
AUTHORITY (b)(6)
LSL SELLBACK: (b)(6)
****SIGNATURE
AND GRADE:

NAVPERS 1070/621

		(b)(6)	MCL: URN .		£00	s Ling	• •
NAME JUANDAVED OR: Having colisted to the X				17/16/2001 for 4 year	un. I de Volum	arily ner se to	
further) extend my enlist							
miistrant contract. I ack	nowledge that the p	rovisions of 10 US	5540 relating	to an increme in be	sis pay do no	apply to this	
greëment. Lundarstaad :	My man contract me	piration date to be	15/04/2017. This	agreement has been :	متباوق أراتا	i to use, I	
recentend it. I widerstan						ion prior to	
he endermien becoming o	parative. No promis	see of my kind here	been made to n	ne except as indicate	<u> </u>		
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ЛC: 47779 ST.	ATUS: ACTIVE X	INACTIVE N	ATR: HAE				
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OMBAT ZONE: PER	ID: 07/05/2011 '	TOTAL AGGREGAT					
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Mar 22 2006 10:21AM HP LASERJET 3200

Mar 22 2006 10:09PM HP LASERJET 3200

30

NAME: ORTIZ, JUAN DAVID SSN

BR/CL: <u>USN/AD</u>

Having enlisted in the UNITED STATES NAVY on <u>010705</u> for <u>4</u> years, I do voluntarily agree to (further) extend my enlistment for <u>10</u> months, OTHER subject to the provisions and obligations of my enlistment contract. I acknowledge that the provisions of 10 USC 5540 relating to an increase in basic pay do not apply to this agreement. I understand my new contract expiration date to be <u>070504</u>. This agreement has been fully explained to me, funderstand it. I understand that extensions of enlistment totalling 24 months or greater require a physical examination prior to the extension becoming operative. No promises of any kind have been made to me except as indicated:

To OBLISERV for BUPERS Order 2784. I understand that this extension becomes binding upon execution and may not be thereafter cancelled except IAW MILPERSMAN 1160-040. I have been informed of the provisions of the SRB Program and the execution of this extension of enlistment mat affect my entitlement to monetary benefits for a subsequent regulatory.

Program and the execution of this extension of enlistment mat affect subsequent reenlistment.	t my entitlement to monetary benefits for a
THIS IS MY SECOND EXTENSION.	
UIC: 48139 STATUS: ACTIVE ☑ INACTIVE ☐ RATE: HM3	
COMBAT ZONE: NO PEBD: 010705 TOTAL AGGREGATE MOS: 2	22
SHIP OR STATION: 1ST MARDIVDET	
LOCATION OF SHIP OR STATIOI(b)(6)	
* * * * SIGNATURE OF MEMBER	
Witnissed and accepted on belaf of the UNITED STATES NAVY this 22 day of NOV, A. D. 2004	
(b)(6)	
SIGNATUR AND GRAD	TITLE: <u>NAVPERSSUP BYDIR</u>
VANGELLATION OF SATERBOOK IS	•
THE EXTENSION IDENTIFIED HEREON FOR MONTHS, IS AUTHORITY:	S CANCELLED EFFECTIVE
SIGNATURE AND GRADE:	_TITLE:

SIN 0106-LF-018-6225

NAVPERS 1070/621 (Rev. 3-2002)

BR/CL: USN

NAME: ORTIZ, JUAN DAVID

Having enlisted in the X U (further) extend my enlistme	NITED STATES NAVY NAVAL RESER ent for 24 months (REASON: SCHOOL OTH		ears, I do voluntarily agree to	
enlistment contract. I ackno	wledge that the provisions of 10 USC 5540	relating to an increase in b	esic pay do not apply to this	
	new contract expiration date to be 05/04/2000 hat extensions of enlistment totaling 24 most			
1	rative. No promises of any kind have been n	nade to me except as indicat	ted:	
MEMBER EXTENDING TO	MATCH PRD TO EAOS			
	•			
ULC: 47770 STAT	US: ACTIVE X INACTIVE RATE:	HMZ		
COMBAT ZONE: PEBD:	: 07/05/2001 TOTAL AGGREGATE MOS	);-46		
SHIP OR STATION: NAVY E	LEMENT DMRTI DET			
LOCATION OF SHIP OR ST	(b)(6)			
			·	
**** SIGNATURE OF MEMBER		<u> </u>		
		IDDLE	LAST	
1975				
this 14th day of $(\overline{b})(6)$	behalf of the United States Navy	Ι		
(2)(3)			•	
****SIGNATURE		REDTEAMS	TIPUD	
AND GRADE: '			<del></del>	
· •				
Extension of Enlistment O	perative Cancelled			
The extension identified her	reon for months (REASON: SCHOOL. OTH	ER ) is Operative ( ) Can	celled ( )	
effective.			•	
AUTHORITY:				
AND GRADE:		•		
	Certifying Officer Name	and Rank	· · · · · · · · · · · · · · · · · · ·	
NAVPERS 1070/621	Official Marine ment of	Jakin I. a grander		
TALL AT THE SALES AND A STATE OF THE SALES AND	Official NSIPS/ESR form print	ro tals date:2/14/2007		

NAME: ORTIZ, JUAN DAVID

 $SSN_{2}(b)(6)$ 

BR/CL: USN

Having enlisted in the UNITED STATES NAVY on 010705 for four years, I do voluntarily agree to (further) extend my enlistment for 12 months, (REASON: SCHOOL XX OTHER \_\_) subject to the provisions and obligations of my enlistment contract. I acknowledge that the provisions of 10 USC 5540 relating to an increase in basic pay do not apply to this agreement. I understand my new contract expiration date to be 060704 This agreement has been fully explained to me, I understand it. Lunderstand that extensions of enlistment totaling 24 months or greater require a physical examination prior to the extension becoming operative. No promises of any kind have been made to me except as indicated: "TRAINING IN THE FIVE YEAR OBLIGOR (5YO) PROGRAM FOR,HM RATING IN THE ENLISTMENT BONUS PROGRAM PER CURRENT DIRECTIVES. I UNDERSTAND THAT THIS EXTENSION BECOMES BINDING UPON EXECUTION, AND MAY, NOT BE CANCELLED, EXCEPT AS SET FORTH IN MILPERSMAN 1050150."

REFER TO NAVCRUIT 1133/52 ANNEX, A TO DD FORM 4 DATED: 000919 FOR SPECIFIC SCHOOL AND BONUS GUARANTEES.

UIC: 67596 STATUS: ACTIVE XX INACTIVE RATE: HR
COMBAT ZONE: NO PEBD: 010705 TOTAL AGGREGATED MOS: 12
SHIP OR STATION: NAVCRUITDIST SAN ANTONIO TEXAS
LOCATION OF SHIP OR STATION: MEPS SAN ANTONIO

(b)(6)

SIGNATURE \*\*\*\*\*\*\*OF MEMBER:

ST

Witnessed and accepted
On behalf of the UNITED STATES NAVY
This: 5th day of July 20(b)(6)

SIGNATURE
\*\*\*\*\*\*AND GRADE

TITLE: MLPO BY DIR CO
ND RANK)

CANCELLATION OF EXTENSION TO EXTEND ENLISTMENT

THE EXTENSION IDENTIFIED HEREON FOR \_\_\_\_\_ MONTHS, IS CANCELLED EFFECTIVE \_\_\_\_\_
AUTHORITY.

\*\*\*AND GRADE: \_\_\_\_\_(CERTIFYING OFFICER NAME AND RANK)

Name (Last, First MI St	<b>~</b> \			VG RECORD (			T	RCS BUPERS 1610
ORTIZ, JUAN	D		·	2. Rate HM2	3. Desig		(b)(6)	
ACT TAR INACT	AT/ADSW/ 265	6. UIC 41620	7. Ship/Station NAV	MEDTRACEN FS	SH .	8. Promotio		9. Date Reported 05APR25
ccasion for Report	Detachment of Individual		notion/ [	13. Special	Period of Rep		£	09MAR15
5. Not Observed Typ	e of Report	<del></del>		. Special	20. Ph. (b) (6		21. Billet	Subcategory (if any)
Report Properties Senior (Last (b)(6)		18. Cor 23. Grade	24. Desig	25. Title	l	26, UIC	27. SSN	NA
		CAPT	2300	ХО	·	41620		
3. Command employments To provide per	sonnel and	administ	rative s	upport to assig	gned Nava	l person	nel/in	various
				Texas area, and ice education a			mum re	sponsivenes:
Primary/Collateral/Wa COORDINAT			•	•			<u></u>	
COLL: Professi	onal Cours	es Liaiso	n-12; Pr	d Training Coor e-Hospital Tra				
instructor-12.	Watch: C	ommand Du	ty Drive	r-12.		<b>.</b>	-	,
6)					,	i i i i i i i i i i i i i i i i i i i		

<b>EVALUATION REPORT 8</b>	& COUNSELING	RECORD	(E1-E6) (cont 'c	l) RCS BUPEI	RS 1610-1
1. Name (Last, First MI Suffix) ORTIZ, JUAN D		2. Rate HM2	3. Desig	(b)(6)	
ORTIZ, JUAN D (b)(6)					

44. QUALIFICATIONS/ACHIEVEMENTS Education, awards, community involvement, etc., during this period.

AWARDED: JMUA; Navy Rifle Ribbon (Marksman). (b)(6)

Systems Approach to Training ASAT course; LPOLC; TAPS.

(b)(6)

Automated

EVALUATION REPORT & COUNSELING	RECORD (	E1-F6)	PCs Ptinens (4)
I. Name (Last, First MI Suffix) ORTIZ, JUAN D	2. Rate HM2	3. Desig	RCS BUPERS (6) 4.(b)(6)
S. ACT TAR INACT AT/ADSW/ 6. UIC 7. Ship/Station	ELEMENT DMF	8. Promotic	
Occasion for Report Detachment Promotion/ 0. Periodic X 11. of Individual 12. Frocking	13. Special	Period of Report  14. From: 07MAR16	15_T6=08MAR15
16. Not Observed Type of Report Report 17. Regular X 18. Concurrent	15. Special	20. Physical Readiness (b)(6)	21 Billet Subcategory (if any)
	Title COMMANDI	26. UIC	27-SSN
28. Command employment and command achievements.	·		<u>j</u>
Provide/develop joint readiness training to personnel for a wide range of operations, in	ncluding adva	anced trauma, bui	n, and combat
casualty care, CBRNE, Homeland Security, hur 9. Primary/Collateral/Watchstanding duties. (Enter primary duty abbreviation in		id, and joint med	lical planning.
COORDINATOR Readiness/Training Coor Casualty Care Course (C4) Instructor-3. COI	rdinator-9. §	SAMS Manager-9, ]	Instructor Combat
Hospital Trauma Life Support (PHTLS) Instru	ctor-12, Rand	onar courses Liam re Safety Office	son-9, Pre
Watch: Duty Driver-12, OD-3, Flag Detail-3.(	b)(6)		
(0)			

EVALUATION REPORT	& COUNSELING	RECORD (	E1-E6) (cont 'd)	RCS BUPERS 1610-1
Name (Last First MI Suffix)		2. Rate HM2	3. Desig	(b)(6)
ORTIZ, JUAN D ; (b)(6)		1 11112		

(b)(6)

NSHS POA. Navy Ball Treasurer

(b)(6)

44. QUALIFICATIONS/ACHIEVEMENTS Education, awards, community involvement, etc... during this period.

(b)(6)

(b)(6)

(c)

(b)(6)

(c)

(d)(6)

(e)(6)

(f)(6)

b)(6)

EVALUATION REPORT & COUNSELING RECORD (E1-E6) RCS BUPERS 1610-1 1. Name (Last, First MI Suffix) 2. Rate 3. Desig 4 (b)(6) ORTIZ, JUAN D HM<sub>2</sub> TAR INACT AT/ADSW/ 6. UIC 7. Ship/Station 9. Date Reported 8. Promotion Status Х 47770 NAVY ELEMENT DMRTI REGULAR 05APR25 Occasion for Report Period of Report Detachment Promotion/ 10. Periodic 11. of Individual 12. Frocking 14. From: 06MAR16 15/16-07MAR15 c 13: Special 20. Physical Readiness (b)(6) 16. Not Observed. Type of Report 21 Billet Subcategory (if any) 17. Regular X Report 18. Concurrent INSTRUCTOR 22. Reporting Senior (Last, FI MI) 23. Grade 24. Desig 25. Title 26. UIC 27:3SN COL USAF COMMANDER 47770 28. Command employment and command achievements. Provides Joint Readiness Training in support of combined operations to Dop and international medical dept officers; including Combat Casualty Care, humanitarian relief operations, advanced trauma and burn management, and combat stress control. 29. Primary/Collateral/Watchstanding duties. (Enter primary duty abbreviation in box.) INSTRUCTOR PRI: Instructor/Writer-12; Assist Squad Leader-10. COLL: Medical Readiness Coordinator-12, POW coordinator PO-2, Navy Ball Committee Member-4, POA Member-3. WATCH: Charge of Quarters-12, Flag Detail-3. (b)(6)

EVALUATION REP	PORT & COUN	ISELING RECORD (	(E1-E6) (cont !d	d) RCS BUPER	S 1610-1
1. Name (Last, First MI Suffix) ORTIZ, JUAN D		2. Rate HM2	3. Desig	<sup>4</sup> (b)(6)	
(b)(6)					

| 44. QUALIFICATIONS/ACHIEVEMENTS - Education, awards, community involvement, etc., during this period.
| POA member. (b)(6) | 6 NKO corresp.. PHTLS recert 21Feb06, Hospital |
| Mgmt of CBRNE Incidents 6-8 Nov 06. (b)(6) | b)(6)

ACT TAR INACT ATIADSW/ 265 47770 7. Ship/Station NAVY ELEMENT DMRTI FROCKED 05APR25  casion for Report Periodic X 11. of Individual 12. Frocking 13. Special 14. From: 05JUN16 15.76 06MAR15  Not Observed Report 17. Regular X 18. Concurrent 20. Physical Readiness (b)(6)  Reporting Senior (Last. FIMD (b)(6) 23. Grade COL USAF COMMANDER 47770 21. SSN LOVED COMMANDER 4	Name (Last, First MORTIZ, JU.	11 Suffix) AN D				2. Rate HM2		3. Desig		<sup>4</sup> (b)(6)	
Periodic X 11. of individual 12. Frocking 13. Special 14. From: 05JUN16 15.To: 06MAR15  Not Observed Report 17. Regular X 18. Concurrent 20. Physical Readiness (b)(6)  Reporting Senior (Last. FIM) 23. Grade 24. Desig COL USAF COMMANDER 4777.0  Command employment and command achievements. rovide Joint Medical Readiness Training in support of combined operations to DoD and international medical dept officers; including Combat Casualty Care (C4), and humanitarial elief operations, advance trauma and burn management, and combat stress control.  Primary/Collateral/Watchstanding duties. (Enter primary duty abbreviation in box.)  C4 INST/WRITER PRI: Instructor/Writer-12; COLL: Pre-Hospital Trauma Life upport-6, Rappel Master-6, Staff Medical and Dental Records Liaison and Maintenance-3.	ACT TAR IN	ACT AT/ADSW/	6. UIC 477	770				RTI			9. Date Reported 05APR25
Not Observed Report 17. Regular X 18. Concurrent 20. Physical Readiness 17. Regular X 18. Concurrent 21. Billet Subcategory (if any TNSTRUCTOR 17. Reporting Senior (Last. FIMD (b)(6) 23. Grade COL USAF COMMANDER 4777.0 27. SSN COL USAF COMMANDER 4777.0 27. SSN COL USAF COMMANDER 4777.0 27. SSN COMMANDER 4777.0 27. SSN COL USAF COL USAF COMMANDER 4777.0 27. SSN COL USAF COL USAF COMMANDER 4777.0 27. SSN COL USAF COMMANDER 4777.0 27. SSN COL USAF COMMANDER 4777.0 27. SSN COL USAF COL USAF COL USAF COL USAF COMMANDER 4777.0 27. SSN COL USAF COL	casion for Report				otion/			Period of R	eport	-	
Reporting Senior (Last. FIMD (b)(6)  23. Grade COL USAF COMMANDER  24. Desig USAF COMMANDER  26. UIC 47770  Command employment and command achievements.  Trovide Joint Medical Readiness Training in support of combined operations to DoD and international medical dept officers; including Combat Casualty Care (C4), and humanitarial elief operations, advance trauma and burn management, and combat stress control.  Primary/Collateral/Watchstanding duties. (Enter primary duty abbreviation in box.)  C4 INST/WRITER  PRI: Instructor/Writer-12; COLL: Pre-Hospital Trauma Life upport-6, Rappel Master-6, Staff Medical and Dental Records Liaison and Maintenance-3.	Not Observed Report		X	18. Conc	urrent	· · · ·				21.Billet	Subcategory (if any
Command employment and command achievements.  rovide Joint Medical Readiness Training in support of combined operations to DoD and nternational medical dept officers; including Combat Casualty Care (C4), and humanitaria elief operations, advance trauma and burn management, and combat stress control.  Primary/Collateral/Watchstanding duties. (Enter primary duty abbreviation in box.)  C4 INST/WRITER PRI: Instructor/Writer-12; COLL: Pre-Hospital Trauma Life upport-6, Rappel Master-6, Staff Medical and Dental Records Liaison and Maintenance-3.	Reporting Senior (b)(6)		23. Gn	ade 2	24. Desig	j.	ANDE	ER	2000		
upport-6, Rappel Master-6, Staff Medical and Dental Records Traison and Maintenance-3.	rovide Joir nternationa elief opera .Primary/Collateral C4 INST/W	nt Medical al medical ations, ad Watchstanding d VRITER	Reading dept of vance to uties. (Enterp PRI: Ins	ess Tr fficer rauma orimary du struct	es; incl and bur ty abbreviation or/Writ	uding Comb n manageme on in box.)' er-12; COL	oat Ca ent, a L: Pr	asualty and comb re-Hospi	Care (C4 Dat stres	), and s contr ma Life	humanitaria
	upport-6,Ra	appel Mast	er-6, St	taff M	Medical	and Dental	Reco	ords Li	uison and	Mainte	enance-3.
	)								Section 1		·

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<b>EVALUATION REPORT &amp; COUNSELING</b>	RECORD (	E1-E6) (cont 'd)	÷	RCS BUPERS
1. Name (Last, First MI Suffix) ORTIZ, JUAN D	2. Rate HM2	3. Desig	4. SSN (b)(6)	** *
(b)(6)				

44. QUALIFICATIONS/ACHIEYEMENTS Education, awards, community involvement, etc., during this period.

(b)(6)





	HISTORY OF AS	SIGNMEN'	r s	10	31
1. GAIN	2. ACTIVITY	3. UIC	4. LOSS	5, IN	LOSS
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TEMDU OLUTOJ	NAVCRUITRACOM GREAT LAKES IL	30646	7RF 8/09/2	9H/	5
SEP 1 2 2007	NHCS GLAKES IL	<b>\$6</b> 0.5	LAN 1 8 ZUUZ	0	Ó
TEMDU 020119	NAVAL HOSPITAL CAMP PENDLETON CAMP PENDLETON CA	68094	DRD301	ME ML	<b>G</b>
TEMDU 020301	FIELD MEDICAL SERVICE SCHOOL CAMP PENDLETON CA	65988	TERF	<b>417</b>	Ø.
DJIY 19APR2002	SDCD: 02APR PRD: 0504 1ST MARINE DIVISION DETACHMENT 29 PAIMS	48139	TRF 05APR05		840s
DUTY 25APR2005	NAVY ELEMENT DMRTI DET FT SAM HOUSTON, TX SHDCD:APRO5	47,770	DISRE OGMAYO4	SED D	MEA
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	7				
Name (Last, first,	middle initial)	SOCIAL SECUI	RITY NUMBER	BRANCH/CL	ASS
CPTAL, JUA	N D (b)(6)	)(a) !	0)	11	

NAVPERS 1070/605 (Rev. 10-89) RTC SERV-REC SET 1 NETPMSA OVERPRINT

MAY 2 9 2009

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Office of Personnel Management SECURITY CLEARANCE APPLICATION Date: 2000/09/16 Standard Form 86, Sep. 95

EPSQ Version 2.1 O.M.B. No. 3206-0007

Time: 14:27:35

VALIDATION REPORT

ORTIZ JUAN, DAVID **ssn**: (b)(6)

Dana. 1

(b)(6)

ORTIZ JUAN, DAVID

SF86 SSN: (b)(6)

(b)(6)

ORTIZ JUAN, DAVID (b)(6)

SF86 SSN: (b)(6)

ORTIZ JUAN. DAVID

SF86 SSN: (b)(6)

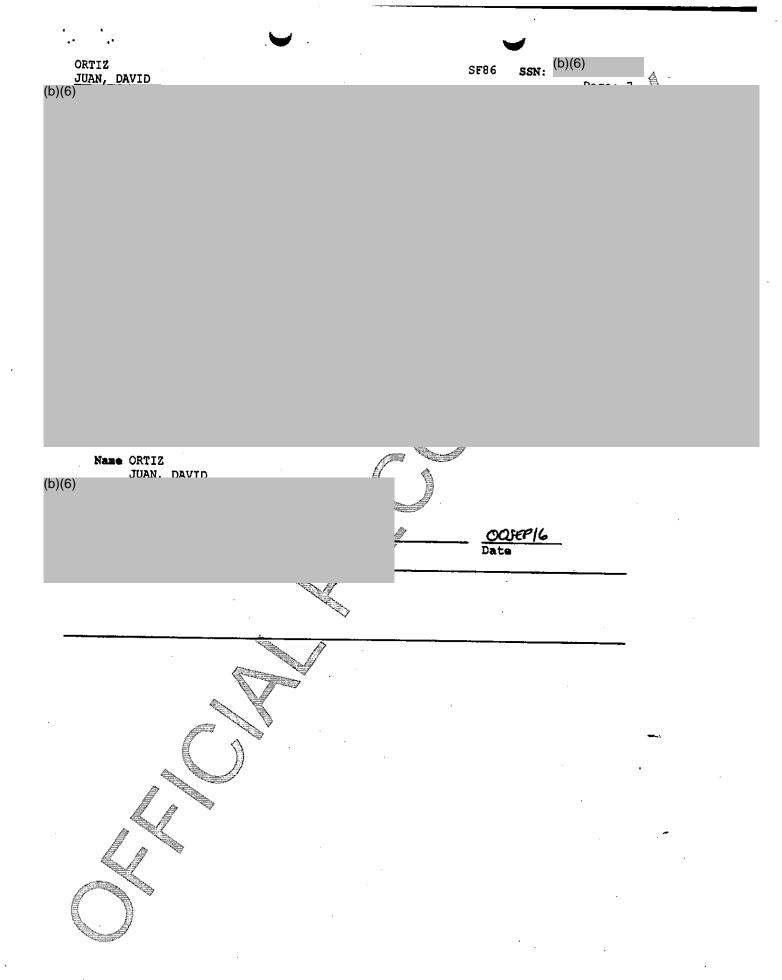
sf86 **ssn**: (b)(6) ORTIZ
JUAN, DAVID
(b)(6)

Page: 5

ORTIZ JUAN. DAVID (b)(6)

SF86 **SSN:** (b)(6)

Page: 6



Standard Form 86 Revised September 1995 U.S. Office of Personnel Management 5 CFR Parts 731, 732, and 736 Form approved: O.M.B. No. 3206-0007 NSN 7540-00-634-4036 86-111

UNITED STATES OF AMERICA Authorization for Release of Information Carefully read this authorization to release information about you, then sign and date it in ink.

I Authorize any investigator, special agent, or other duly accredited representative of the authorized Federal agency conducting my background investigation, to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, credit bureaus, consumer reporting agencies, collection agencies, retail business establishments, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, criminal history record information, and financial and credit information. I authorize the Federal agency conducting my investigation to disclose the record of my background investigation to the requesting agency for the purpose of making a determination of suitability or alignility for a security clearance.

I Understand that, for financial or lending institutions, medical institutions, hospitals, health care professionals, and other sources of information, a separate specific release will be needed, and I may be contacted for such a release at a later date. Where a separate release is requested for information relating to mental health treatment or counseling, the release will contain a list of the specific questions, relevant to the job description, which the doctor or therapist will be asked.

I Further Authorize any investigator, special agent, or other duly accredited representative of the U.S. Office of Personnel Management, the Federal Bureau of Investigation, the Department of Defense, the Defense Investigative Service, and any other authorized Federal agency, to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for access to classified information and/or for assignment to, or retention in, a sensitive National Security position, in accordance with 5 U.S.C. 9101. I understand that I may request a copy of such records as may be available to me under the law.

I Authorize custodians of records and other sources of information pertaining to me to release such information upon request of the investigator, special agent, or other duly accredited representative of any Federal agency authorized above regardless of any previous agreement to the contrary.

I Understand that the information released by records custodians and sources of information is for official use by the Federal Government only for the purposes provided in this Standard Form 86, and that it may be redisclosed by the Government only as authorized by law.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for five (5) years from the date signed or upon the termination of my affiliation with the Federal Government, whichever is sooner. Read, sign, and date the release on the next page if you answered "Yes" to question 21.

(b)(6)

Date

Standard Form 86 Revised September 1995 U.S. Office of Personnel Management 5 CFR Parts 731, 732, and 736 Form approved: O.M.B. No. 3206-0007 NSN 7540-00-634-4036 86-111

UNITED STATES OF AMERICA AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

(Carefully read this authorization to release information about you, then sign and date it in ink.)

Instructions for Completing this Release

This is a release for the investigator to ask your health practitioner(s) the three questions below concerning your mental health consultations. Your signature will allow the practitioner(s) to answer only these questions.

I am seeking assignment to or retention in a position with the Federal government which requires access to classified national security information or special nuclear information or material. As part of the clearance process, I hereby authorize the investigator, special agent, or duly accredited representative of the authorized Federal agency conducting my background investigation, to obtain the following information relating to my mental health consultations:

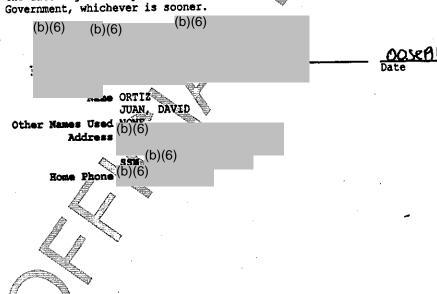
Does the person under investigation have a condition or treatment that could impair his/her judgement or reliability, particularly in the context of safeguarding classified national security information or special nuclear information or material?

If so, please describe the nature of the condition and the extent and duration of the impairment or treatment.

What is the prognosis?

I understand the information released pursuant to this release is for use by the Federal Government only for purposes provided in the Standard Form 86 and that it may be redisclosed by the Government only as authorized by law.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for 1 year from the date signed or upon termination of my affiliation with the Federal Government, whichever is sooner.



#### **SECURITY TERMINATION STATEMENT**

1706 STANLEY RD, STE al

(Enter the name and address of the Navy or Marine Corps activity obtaining this statement).

- 1. I HEREBY CERTIFY that I have returned to the Department of the Navy (DON) all classified material which I had in my possession in accordance with the directions contained in the DON Information and Reflectine! Security Program Regulations SECNAVINST 5510.36, SECNAVINST 5510.30 and the Communications Security Militerial System Manual (CMS-1A).
  - 2. 1 FURTHER CERTIFY that I no longer have any material containing classified information in my possession.
- 3. I shall not hereafter communicate or transmit classified information to any person or agency. I understand that the burden is upon me to ascertain whether or not information is classified and agree to obtain the decision of the Chief of Naval Operations (CNO) or the CNO's authorized representative, or such matters prior to disclosing information which is or may be classified.
- 4. I will report to the Federal Bureau of Investigation out of the local Naval Criminal investigative Service office without delay any incident wherein an attempt is made by an unauthorized person to solicit classified information.
- 5. I have been informed and am aware that Title 18 U.S.C. Sections 641, 793, 794, 798, 952 and 1924, as amended, and the Internal Security Act of 1950 prescribe activer a finalties for unlawfully divulging information affecting the National Defense. I have been informed and am aware that the making of a willfully false statement herein renders me subject to trial as provided by Title 18 U.S.C. 1001.

6. Thave have not received an oral debriefing

97-LF-126-9000

(b)(6)	Signature of employee or military member (b)(6)
tabe or bring grame of wither?	name of employee or service member. Include civilian grade or military rank/rate.
(b)(6)	JUAN DAVIN ORTIZ
Uate L7MAR 09	Date MARCH 17, 7009
OPNAV3511/14 (Rev. 9-05)	

#### RECORD OF EMERGENCY DATA/DEPENDENCY APPLICATION **NAVPERS 1070/602**

<u>SSN:</u> (b)(6)

RATE/RANK: HM3/E4

NAME: ORTIZ, JUAN DAVID UIC-ACTUAL: 48139

SHIP OR STATION: 1ST MARINE DIVISION DETACHMENT UNIT 3/11 TWENTYNINE PALMS, CALUAL: 46139

INITIAL/CHANGE: INITIAL

(b)(6)



04/09/14

(D)(6)					
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(b)(6)(b,,,,,, (b)(6) Hu3/USN MSEPT BY PERSOFF BYDIR
TITLE DATE

04/09/14

Servicememb	ers' Group	Instructions be Life Inst	fore completing this urance Ele	om. ection and	Certificate	
Name or update your beneficiary Reduce the amount of your insure Decline insurance coverage	important: form does not insurance.	This form is for use to t apply to and cannot	ov Active Duty and Re	eserve members. This er Government Life		
Last name First name ORTIZ, JUAN DAVID	Middle name	Rank, title or HM3/E4	grade S (b	ocial Security Numbe	Number	
Branch of Service (Do not abbrevi USN - NAVY			FACHMENT TWEN	TYNINE PALMS CA		
By law, you are automatically insu you want less than \$250,000 of Coverage is available in incremer own handwriting), "I do not want in	ired for \$250,000. If you is of \$10,000. If you surance at this time."	Amount of II rou want \$250, heck the appro- do not want ar	nsurance 200 of insurance, a priate block below a py insurance*, check	skip to Beneficiary(leand write the amount is the appropriate bit	s) and Payment Options it desired and your init ock below and write (in	
	ng SGLI coverage als				, N.	
□ 1 want cove	rage in the amount of		<i></i>	our initials	· · · · · · · · · · · · · · · · · · ·	
I designate the following beneficiary	only be restored by completing insurance will also affect the Beneficing in the Beneficing in the Beneficing is a second of the Beneficing in the Beneficing	ng form SGLV 8285 amount of VGLI you arry(ies) and if my insurance on	Payment Optio	ind compliance with other stration from service.	dentiled will see to	
upon my death. If Complete Name (first, middle, la of each beneficiar	at principal beneficiallies at) and Address (S	predecease me, ti locial Security Number (if known)	Relationship to you	id to the contingent ben	eficiary(les).  Payment Option (Lump out or 38 equal monthly	
Principal			<u> </u>	fractions)	paymenta)	
1.(b)(6)			(b)(6)	50%	LUMP SUM	
2. (b)(6)			<b>∮</b> (b)(6)	50%	LUMP SUM	
3. AND NO OTHERS						
4. AND NO OTHERS	4	15				
☐ Additional Principals on page 5 (che	ck if applicable)				<u> </u>	
Contingent						
AND NO OTHERS						
2. AND NO OTHERS						
3. AND NO OTHERS						
4. AND NO OTHERS						
☐ Additional Contingents on page 5 (	check if applicable)			·		
I HAVE READ AND UNDERS  This form carcels an (b) (6)  The proceeds will be p  If have legal question  Cannot have combine  SIGN HERE IN INK	TAND the instruction	i. of this t attorne	orm, unless otherwise by at no expense to me re than \$250,000.	stated above.	•	
The state of the s				`	<del>-</del>	
	POZES	R GRADE OR	w. For official use of GANIZATION	DATE RECE		
	1716/05	1.02	urces .	14569	104	

Original Copy - Member's Official Personnel File D. 2
Photocopy 1 - To Member
Photocopy 2 - To Active or Reserve Component of Uniformed Service

Please read the instructions before completing this form, Servicemembers' Group Life Insurance Election and Certificate Use this form to: (check all that apply) Important: This form is for use by Active Duty and Reserve members. This form does not app (b)(6) Name or update your beneficiary Reduce the amount of your insurance coverage other Government Life Insurance. Middle name Rank, title or grade HN/E3 Branch of Service (Do not abbreviate) **Current Duty Location** NAVAL HOSPITAL CAMP PENDLETON CA Amount of Insurance By law, you are automatically insured for \$250,000. If you want \$250,000 of insurance, skip to Beneficiary(ies) and Payment Options. If you want less than \$250,000 of insurance, please check the appropriate block below and write the amount desired and your initials. Coverage is available in increments of \$10,000. If you do not want any insurance, check the appropriate block below and write (in your own handwriting), "I do not want insurance at this time." I want coverage in the amount of \$\_ Your initials (Write "I do not want Insurance at this time.") Note: Reduced or refused insurance can only be restored by completing form SGLV 8286 with proof of good health and compliance with other requirements. Beneficiary(les) and Payment Options I designate the following beneficiary(ies) to receive payment of my insurance proceeds. I understand that the principal beneficiary(ies) will receive payment upon my death. If all principal beneficiaries predecease me, the insurance will be paid to the contingent beneficiary(ies). Complete Name (first, middle, last) and Address Social Security Relationship Payment Option Share to each (Lump sum or 36 Number to you beneficiary equal monthly (Use %, \$ amounts or fractions) (if known) payments)

- (-)(0)		(0)(0)	75%	36 MOS
<b>(b)(6)</b>		(b)(6)	25%	LUMP SUM
Contingent	W.			
1				
2				
3				
I HAVE READ AND UNDERSTAND the ins	tructions on page	es 2 and 3 of this fo	rm. I ALSO UNDE	RSTAND that:
This form cancels any prior beneficiary or pay				

SIGN HERE IN INK

I cannot have col(b)(6)

Decline insurance coverage

First name

of each beneficiary

Last name

Principal 1(b)(6)

ORTIZ, JUAN DAVID

UNITED STATES NAVY

ame time for more than \$250,000.

Do not print.)

Do not write in space below. For official use only.

The proceeds will be paid to beneficiaries as stated in #6 on page 3 of this form, unless otherwise stated above.

If I have legal questions about this form, I may consult with a military attorney at no expense to me.

ORGANIZATION PSD CAMPENCA RANK, TITLE OR GRADE

020122 Original Copy - Member's Official Personnel File

Date: 02/cn2?

DATE RECEIVED

SUPERSEDES AND REPLACES FORM SGLV 8286, March 2000 WHICH WILL NOT BE USED.

py 1 - To Member ny 2 - To Active or Reserve Component of Uniformed Service

(b)(6)

341

Service	nembers' G	roup Life	Insuranc	e Ele	ction and	i Certificate		
Use this form to: (check all that apply)  Name, change or update your beneficiary Reduce the amount of your insurance coverage Decline insurance coverage			Important: This form is for use by Active Duty and Reserve members. This form does not apply to and cannot be used for any other Government Life Insurance.					
Last Name	First name	Middle name	Rank, title, or	grade	Soc	ial Security Number		
ORTIZ	<u>JUAN</u>	DAVID		1	(b)(6)			
Branch of Service (I		Current Duty Lo			_ /			
UNITED STA	TES WHY	RECRUIT 1			and gre	MILARES IL LOCES		
Amount of Insurance  By law, you are automatically insured for \$200,000. If you want \$200,000 of Insurance, skip to Beneficiary(ies) and Payment Options. If you want less than \$200,000 of Insurance, please check the appropriate block below and write the amount desired and your initials. Coverage is available in the following amounts: \$190,000, \$180,000, \$170,000, \$160,000, \$150,000, \$130,000, \$120,000, \$110,000, \$100,000, \$90,000, \$80,000, \$70,000, \$60,000, \$50,000, \$40,000, \$30,000, \$20,000, \$10,000. If you do not want any insurance, check the appropriate block below and write (in your own handwriting), "I do not want insurance at this time."  Write "I do not want insurance at this time."  Note: Reduced or refused insurance can be restored only by written request with proof of good health and compliance with other requirements.  Beneficiary(les) and Payment Options  I designate the following beneficiary(les) to receive payment of my insurance proceeds. I understand that the principal beneficiary(les)								
beneficiary(ies).	ent upon my death. If a	ali principal denenci	anes predecesse m	ioi me iusi	irance will be paid	to the contingent		
Complete Name (f Address of each b	irst, middle, last) and eneficiary	Social Sec Numbe (if known	relation	onship you	Share to each beneficiary (Use %, \$ amounts or fractions)	Payment Option (Lump sum or 36 equal monthly payments)		
Principal	<u> </u>		***			Sulfittorius)		
(b)(6)		\$450 	(b)(6) (b)(6)		75%	36 PAYMENTS		
Contingent					25%	Lump Sum		
				<u>.</u>				
1. <u>NO CONTINGEN</u>	T AT THIS TIM		· · · · · · · · · · · · · · · · · · ·			,		
2.		,						
3.					·			
4.								
I HAVE READ AND UNDERSTAND the instructions on the front and back of this form. I ALSO UNDERSTAND that:  • This form cancels any prior beneficiary or payment instructions  • The proceeds will be paid to beneficiaries as stated in #6 on the back of this form, unless otherwise stated above  • If I have legal questions about this form, I may consult with a military attorney at no expense to me  • I cannot have combined SGII and VGII coverages at the same time for more than \$200,000  SIGN HERE IN INK  (b)(6)  1. Toticial use only.								
		IANK,	TITLE OR GRADE	ORGANIZ		DATE RECEIVED		
			HH-		DUETC	[DULO]		

for the

1. Name (Last, First, Middle)

ORTIZ JUAN DAVID

Za. SSN
(b)(6)

Za. SSN
(b)(6)

Za. SSN
DNR

Za. SSN
DNR

(b)(6)

(b)(6)